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Bib Data Sheet

CONFIRMATION NO. 1895

<b>SERIAL NUMBER</b> 10/626,714	<b>FILING OR 371(c) DATE</b> 07/25/2003 <b>RULE</b>	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2611	<b>ATTORNEY DOCKET NO.</b> 060707-1450
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/398,124 07/25/2002  
 and claims benefit of 60/399,135 07/30/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 12/08/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

24504

**TITLE**

DBMSOL AND FBMSOL POWER SPECTRAL DENSITY MASKS

<b>FILING FEE RECEIVED</b> 1024	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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